

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026938

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 62

STATE FILE NUMBER

FILED JUN 15 1963

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		c. CITY OR TOWN Harrison	
Length of stay in lb 3 hrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hospital		d. STREET ADDRESS (If outside, give location) 805 S. Oak Street	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Harry M. Binder			4. DATE OF DEATH Month Day Year June 30 1963		
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/2/1885	9. AGE (last birthday) 77	IF UNDER 1 YEAR 8 Months 28 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrical Engineer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Minick Binder	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Miss Harriet Binder, Harrison, Ark.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Overwhelming infection DUE TO (b) Bilateral pneumonia DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 6-30-63 to 6-30-63 and last saw him alive on 8-15-63	Death occurred on 8-15-63 on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Charles C. Pearson M.D.	22b. ADDRESS Branson, Mo.	22c. DATE SIGNED 7-9-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-30-63	23c. NAME OF CEMETERY OR CREMATORY Logan, Cemetery	23d. LOCATION (City, town, or county) Logan, Iowa
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24. FUNERAL DIRECTOR Walter Cobb	ADDRESS BRANSON, MO	25. DATE RECD. BY LOCAL REG. 7-9-63	26. REGISTRAR'S SIGNATURE Helen Campbell
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 1060
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8-0350-830

NEW YORK STATE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Brooklyn, NY

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.